COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff / Petitioner

Date:

Case No.

-vs/and-

File No. E

Defendant / Petitioner

CSEA AA#

Judge

GROUP HEALTH INSURANCE AFFIDAVIT

****

Plaintiff/Petitioner			**Defendant/Petitioner**	
_____Yes	_____No	Available through employment	_____Yes	_____No
_____ Yes	_____No	Other group plan	_____ Yes	_____ No
		INSURERS NAME		
		ADDRESS		
		POLICY NUMBER		
$_____		Monthly premium of Individual Plan (employee share)	$_____	
$_____		Monthly premium of Family Plan (employee share)	$_____	

COVERAGES

Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.

( )Yes ( ) No		Is coverage presently in effect?	( )Yes ( )No
( ) Self ( ) Above named spouse		Who is Covered	( ) Self ( ) Above named spouse
( ) Dependent children of the marriage			( ) Dependent children of the marriage
( ) Yes ( ) No		Is a participant card available?	( ) Yes ( ) No
( ) Yes ( ) No		Is prescription card available?	( ) Yes ( ) No
		Employer's Ins. Coordinator's Name and Telephone Number	
$_____		The cost to purchase COBRA coverage will be	$_____

Plaintiff/Petitioner

Defendant/Petitioner

State of Ohio, County of Hamilton:

Sworn to before me and subscribed in my presence by Plaintiff/Petitioner this _____day of _____, 20_____.

Notary Public

Sworn to before me and subscribed in my presence by Defendant/Petitioner this _____day of _____, 20_____.

Notary Public

DR 7.16 (Revised 10/01/1999)